

ALL FOUR PAWS

OWNER INFORMATION

Date: _____
Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email: _____
Spouse/Partner Name: _____
Home Phone: _____ Work: _____ Cell: _____
Emergency Contact Name: _____
Others authorized to pick up my dog: _____

PET INFORMATION

Dog's Name: _____
Sex: Male _____ Female _____ Spayed/Neutered _____
Birthday: _____ Breed: _____
Color: _____ Weight: _____
Veterinarian: _____
Address: _____ Phone: _____

Please attach copy of vaccination history.

How long have you owned your dog? _____

(Please note that ALL FOUR PAWS requires that you have owned your dog for at least two months prior to evaluation)

Where did you get your dog? _____

Do you have knowledge of your dog's past history? _____

HEALTH AND GROOMING

Does your dog have any medical problems? _____

What kind of food do you feed your dog? _____

Any special dietary requirements? _____

Is your dog taking any medications? _____

Please describe: _____

Is your dog currently taking flea and tick medications? _____

Does your dog have any allergies? _____

Please describe: _____

Does your dog like to be brushed? Yes _____ tolerates it _____ no _____

Is your dog easily handled by you? Yes _____ no _____ By your vet? _____

Does your dog have any areas on his body that he does not like to be touched? _____

How does your dog get exercised? _____
How often? _____
Describe your dog's activity level? Couch potato _____ moderately active _____
very active _____

TRAINING

Has your dog had any formal training? Yes _____ no _____
If so, when and where? _____
What commands does your dog know? _____
Is your dog crate trained? Yes _____ no _____
Please note: ALL FOUR PAWS will not use cages or crates at any time; it is a cage free daycare. Several will be available for those dogs that choose to use one.
Does your dog have problems with any of the following?
Excessive barking _____ jumping _____ mouthiness _____ eating stool _____

BEHAVIOR

Describe your dog's personality: Shy _____ Mellow _____ Out going _____ Excitable _____
Active _____ Couch potato _____ Rambunctious _____ Content to be around others _____
Slow to warm _____
Does your dog have off leash play with other dogs? Yes _____ no _____
Where and how often? _____
Are there any sizes/breeds of dogs that your dog automatically fears or dislikes?
Yes _____ No _____ If yes, please describe: _____
Has your dog ever bitten anyone? Yes _____ no _____
What were the circumstances? _____
What are your goals for having your dog attend daycare at ALL FOUR PAWS? _____

Any additional comments or information we should know about your dog? _____

All Four Paws Doggie Daycare, Boarding and Training Facility

Contract Agreement

I understand that I am solely responsible for any harm, injury or damage caused by my dog(s) while they are attending All Four Paws.

I further understand that the owner, employees and volunteers at All Four Paws will not be liable for any problems which may occur and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at All Four Paws.

I further state that I am the legal owner of said dog and that said dog has not been exposed to rabies, distemper, kennel cough or any other known contagious diseases within the last thirty days. I also attest that said dog is free of worms, heartworms and fleas.

If my dog(s) become sick or injured, in the event of an emergency, I authorize the staff at All Four Paws to contact my veterinarian or an emergency veterinarian. If the circumstances are deemed necessary for immediate treatment, the staff of All Four Paws retains sole discretion of emergency matters, without liability, and the owner of the dog agrees to promptly pay for all medical treatments received.

I hereby agree to the terms of this contract and that it is in effect starting on the date below and shall remain in effect for as long as said dog attends All Four Paws.

Signature of owner: _____

Date: _____